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Reference Number: xxxx
Version Number: 2.0
Date of next review: June 2027

NHS WALES NO PO NO PAY (NO PURCHASE ORDER NO PAY) POLICY

Policy Statement

A No PO No Pay policy is where invoices arriving in the system without an order number (unless on the approved exception list – see Appendix 1) are placed on hold and a weekly communication is emailed to the supplier who is instructed to seek an order number from the relevant department and manager that was supplied before payment is made.

The aim is to drive up compliance with the Standing Financial Instructions as well as the standard order management process.

The implementation of a national policy of 'No Purchase Order No Pay' is to be an essential and fundamental building block from which the efficiency and effectiveness of the P2P process can be developed.

Supporting Procedures and Written Control Documents

Other written control documents which have been identified to have interdependencies with this procedure and should therefore be read in conjunction with, include;

- [Standing Financial Instructions](#)
- [NHS Wales Purchasing Compliance Guide](#)
- [All Wales Procure to Pay e-Manual](#)

Equality and Health Impact Assessment

An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.

Approved by

TBC

Approval Date

TBC

Review Date

June 2024

Date of Implementation/ Publication:

TBC

Group with authority to approve supporting procedures

Audit and Corporate Governance Committee

Accountable Executive

Huw George, Deputy Chief Executive and Executive Director for Operations and Finance

Director/Director	
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<u>Disclaimer</u>	
If the review date of this document has passed please ensure that the version you are using is the most up to date by contacting Corporate Governance.	

Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
2.0	June 2024	TBC	TBC	<p>List of objectives increased to include reference to late payment fees and service disruption.</p> <p>Inclusion of references made to the 'exception list' throughout the document.</p> <p>Clarity of % compliance required for Public Sector Payment Policy.</p> <p>Removal of letter issued to supplier from appendices.</p> <p>Removal of escalation process tables to allow for this being determined locally.</p> <p>Updates to exceptions list in appendix 1.</p>

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1. Introduction/Overview

The P2P - the Procure to Pay process – encompasses the end-to-end process from sourcing goods and services through to delivery and receipt of goods and payment to the supplier. A No PO No Pay policy is where invoices arriving in the system without an order number (unless on the approved exception list – see Appendix 1) are placed on hold and a weekly communication is emailed to the supplier who is instructed to seek an order number from the relevant department and manager that was supplied before payment is made. The aim is to drive up compliance with the Standing Financial Instructions as well as the standard order management process.

2. Policy Statement

The implementation of a national policy of 'No Purchase Order No Pay' is to be an essential and fundamental building block from which the efficiency and effectiveness of the P2P process can be developed.

3. Aims/Purpose

To ensure:

- That all goods and services are ordered appropriately and are supported by official Purchase Orders in line with Trust Standing Financial Instructions.
- Efficient processes are put in place so that goods are delivered when required.
- Costs are controlled by:
 - Ensuring all non-pay expenditure incurred by the organisation is valid and appropriately authorised in advance of the goods/services being received.
 - Minimising transactional costs associated with payment for goods.
 - Paying supplier invoices within deadlines set by Welsh Government.
 - Maximising financial incentives for early payment offered by suppliers.
 - Reducing the risk of late payment interest and fees being charged by suppliers.

4. Objectives

This policy seeks to ensure that NHS Wales only pays for goods, services and works which have been properly ordered and authorised in accordance with the NHS Wales Procurement rules and Standing Financial Instructions. It also ensures invoices received by the NWSSP Accounts Payable teams can be processed efficiently to minimise delay in payments to suppliers and contractors. Invoices received by the NWSSP Accounts Payable Team without a valid PO number will severely delay payment to the suppliers. Successful adoption of this policy will lead to the following benefits:

- Better control environment – the correct level of authorisation of purchase orders, in advance of expenditure being incurred.
- Catalogue compliance will be improved leading to less off catalogue purchasing and lead to revenue savings.
- More comprehensive procurement intelligence being captured through the system about what and where goods and services are purchased allowing for better sourcing decisions.
- Costs will be more accurately accrued by the system reducing management accounting and Accounts Payable (AP) team workload.
- Public Sector Payment Policy compliance will improve because processing times reduce.
- Early payment discounts can be maximised.
- Overall processing costs in NWSSP P2P will reduce, releasing resources for NHS Wales.
- Suppliers will be paid on time thus supporting the wider economy.
- Less late payment interest and fees will be charged.
- Supplies of goods / services will not be disrupted or stopped due to late payment of invoices.

5. Scope

This policy is relevant to the following groups of staff within Trusts and NHS Wales Shared Services Partnership:

- **Requisitioners**
Those staff that process requisitions for goods and services in departments and directorates within NHS Wales.
- **Approvers/Budget Holders**

Those staff that approve requisitions for goods and services in departments and directorates within NHS Wales.

- **Staff that Receive Goods/Services**

Those staff that indicate within the Oracle or other ordering systems that the goods/services ordered have been received.

- **Procurement Staff**

All NWSSP Procurement staff in the Procurement Directorate.

- **Accounts Payable Staff**

All NWSSP Accounts Payable staff involved in the invoice payment process.

- **Finance Departments**

All staff involved in financial management.

6. Roles and Responsibilities

6.1. All Staff with Responsibility for Ordering

It is the responsibility of all staff, designated under the local scheme of delegation, that order goods and services to ensure that a Purchase Order number is provided to a supplier in advance of the goods or services being supplied. If the goods/services being ordered are on the Exception list, then all staff must ensure they are aware of the correct payment authorisation process for those goods/services.

6.2. Requisitioners

All staff that raise requisitions for goods and services must ensure a Purchase Order number is provided to a supplier in advance of the goods or services being supplied. If the goods/services being ordered are on the Exception list, then all staff must ensure they are aware of the correct payment authorisation process for those goods/services.

6.3. Requisition Approvers/Budget Holders

All managers and budget holders designated to approve requisitions for goods and services must ensure a Purchase Order number is provided to a supplier in advance of the goods or services being supplied. It is their responsibility to ensure the person raising the order has sufficient information to be able to do so, and knowledge of when the goods / services are received to be able to update the system accordingly. If the goods/services being ordered are on the Exception list, then all

managers and budget holders must ensure their staff are aware of the correct payment authorisation process for those goods/services. These invoices will come in requiring Authorisation and be put on an Awaiting Authorisation hold. Any invoice not classed as an exception and does not quote a valid PO number will be subject to a non-compliance escalation procedure.

6.4. Staff who 'Receipt' Goods and Services

All staff that work in central stores, receipt and distribution points and local departments where goods are delivered, or services are received have responsibility for recording the goods/services as being received. They must ensure that the Purchase Order is marked as 'received' as soon as possible within the Oracle system within 2 working days following delivery of goods or provision of the service.

6.5. Procurement Services Staff

All staff working within NWSSP Procurement Services will engage with Trust accountable Budget Holders to ensure that this policy is adopted and adhered to by all Trust staff and that local operational procedures for supporting the No PO No Pay Policy are observed at all times. Procurement Services will ensure training and awareness of the Policy with Key Trust stakeholders.

6.6. Accounts Payable Staff

All staff that process the payment of invoices within NWSSP Accounts payable must ensure that no invoice is paid (unless it is identified as an exception in Appendix 1) if a Purchase Order number is not quoted on the invoice. All invoices received with no Purchase Order number must be recorded within the Oracle system and the supplier notified in accordance with the communications shown in Section 8. The invoice will be placed on a No PO No Pay hold and marked as disputed.

6.7. Finance Staff

The Finance P2P Lead in each Organisation must promote this policy to finance staff, requisitioners, approvers, budget holders & receipters within their Organisations.

Finance staff must ensure there are processes in place to capture data on invoices received but unpaid, that have no Purchase Order, so that expenditure can be accrued if necessary.

7. Operation of the Policy

7.1. How does No PO No Pay Work?

No PO No Pay policy operates by requiring all invoices submitted by suppliers to contain an official PO number. In all but agreed exceptional circumstances the PO number will be:

- Generated from NHS Wales Oracle Ordering system or
- Generated from other local ordering systems e.g. pharmacy; and
- Given to the supplier or contractor BEFORE making any commitment to spend NHS Wales's monies.

There are a number of categories of expenditure that are excluded from the policy which are shown in Appendix 1.

Any invoice received by the Accounts Payable Team that is not on the exception list and does not quote a valid PO number will incur processing and approval delays which could result in severe delays to supplier payment. Exceptions will be reviewed and amended from time to time and users notified of the amendments accordingly.

7.2. What constitutes a Valid PO?

An exercise will be undertaken to remind suppliers of the NHS Wales No PO No Pay Policy and reinforce that they must not, under any circumstances, accept any verbal or written order from NHS staff unless a valid PO number is given or there is an agreed exception as set out in Appendix 1.

Any invoice received that does not quote a valid PO number will be placed on hold until a valid PO number is provided.

7.3. What is a Valid PO number?

Valid PO numbers are generated from NHS Wales ordering systems as follows:-

- Oracle Financial and Procurement System
 - Oracle is the standard financial system used by NHS LHBs/ Trusts/SHAs in Wales.
- Oracle via Basware
 - This is an electronic exchange linked to Oracle for the electronic transmission of purchase orders.
- Oracle EBS via GHX

- This is an electronic exchange linked to Oracle for the electronic transmission of purchase orders.
- The Pharmacy system used for generating pharmaceutical orders.

7.4. Submission of invoice

The Purchase Order will confirm which address invoices need to be submitted for payment. Some invoices will be submitted through the electronic exchanges or via the OCR process.

7.5. Public Sector Payment Policy

Provided a supplier has quoted a valid Purchase Order number which has been obtained in advance of supply, NHS Wales commits to paying invoices in line with the Public Sector Payment Policy i.e. within 30 days from the later of the receipt of goods or services or receipt of a valid invoice [not the invoice date].

All NHS Wales organisations are required by Welsh Government to be at least 95% compliant with this policy. Compliance is reported quarterly to Welsh Government, and annually in the Organisation's annual financial accounts.

7.6. Notification to Supplier of No PO on Invoice

If a supplier sends an Invoice without a Purchase Order number quoted and it does not sit within the agreed exception list, Accounts Payable will email the supplier weekly to inform them that their invoice has been placed on hold and that the supplier must contact the Health Organisation and request a Purchase Order number to be given to them. The supplier will be reminded of outstanding invoices awaiting confirmation of a Purchase Order every time the No PO No Pay report is run.

8. Non-Compliance

Non-compliance with this policy results in non-compliance with the Organisation's Standing Financial Instructions. The method of dealing with non-compliance will be for each organisation to determine but may include:

- Retraining of member of staff
- Escalation to senior management

- Escalation to Audit Committee (or equivalent)
- Escalation to Board
- Removal of access rights to the Oracle system

9. Training

Training resources aimed at the key staff affected by this policy have been developed and iProcurement training can be provided upon request from the NWSSP e-Enablement team.

10. Implementation

The No PO No Pay policy was implemented across NHS Wales on the 1st September 2018. In accordance with clause 12 below, the latest formal review of the Policy has been undertaken in June 2024 and the proposed changes/amendments to it will be adopted by all NHS Wales Organisations

11. Audit

The application of this policy will be subject to internal audit review as part of the NWSSP Accounts Payable audits.

12. Review

This policy was implemented in September 2018, reviewed in September 2023 with further amendments in June 2024 and is due for further review in June 2027.

APPENDIX 1

All Wales Exceptions to the No PO No Pay Policy

The following items are exceptions and do not require a valid PO number. This includes a number of areas where local ordering systems are in place with appropriate authorisation control processes that do not require an Oracle PO to be raised.

	ALL WALES EXCEPTIONS
Barrister Fees	Yes
Blue Badges	Yes
Bunkered Fuel & Fuel Cards	Yes
CHC - FNC	Yes
CHC/Nursing Home Payments	Yes
Collaborative Fees (GPs)	Yes
Eye Tests	Yes
GP Loads (Drugs)	Yes
Grants	Yes
HMRC	Yes
Hospital Car service	Yes
Lease Car repairs	Yes
Local Government/Authorities including Business Rates	Yes
Losses & Compensation including Redress	Yes
NHS Organisations excluding NHS Supply Chain	Yes
Nurse agency	Yes
Orthotics	Yes
Patient reimbursements including patients travelling	Yes
Petty Cash	Yes
Pharmacy (including home deliveries ordered through pharmacy system)	Yes
Primary Care contracts OOHRs	Yes
Primary care Low vision - HESP forms	Yes
Public Finance initiative	Yes
Purchase/Procurement Card	Yes
Telephone Landline - Line Rental, Call Charges & Maintenance	Yes
Telephone - Mobile Phone Charges	Yes
Salary deductions	Yes
Same day couriers	Yes
Tax, NI & Superannuation	Yes
TV & Music Licences	Yes
Utilities (Gas, Electricity, Water and Oil heating)	Yes
Work Permits/Certificate of Sponsorship	Yes

Template
Equality & Health Impact Assessment for
NHS Wales No PO No Pay (No Purchase Order No Payment) Policy

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	NHS Wales No PO No Pay (No Purchase Order No Payment) Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Operations and Finance Directorate Jane Matthews, Head of Financial Reporting and Control Email: Jane.Matthews3@wales.nhs.uk
3.	Objectives of policy	<p>To ensure:</p> <ul style="list-style-type: none"> • That all goods and services are ordered appropriately and are supported by official Purchase Orders in line with Trust Standing Financial Instructions. • Efficient processes are put in place so that goods are delivered when required. • Costs are controlled by: <ul style="list-style-type: none"> • Ensuring all non-pay expenditure incurred by the organisation is valid and appropriately authorised in advance of the goods/services being received. • Minimising transactional costs associated with payment for goods. • Paying supplier invoices within deadlines set by Welsh Government.

		<ul style="list-style-type: none"> • Maximising financial incentives for early payment offered by suppliers. • Reducing the risk of late payment interest and fees being charged by suppliers.
<p>4.</p>	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>This All Wales policy was first introduced in September 2018. The ongoing review of invoices received by Public Health Wales NHS Trust, that do not have a valid PO number quoted, shows large volumes of non-compliance with procurement regulations, as detailed in Standing Financial Instructions (SFI's). NHS Wales will be refocusing its efforts on fully complying with the No PO No Pay Policy. The policy has undergone a formal review following consultation and input from the All Wales P2P (Purchase to Pay) Governance Group.</p>
<p>5.</p>	<p>Who will be affected by the policy</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>The policy will affect the following groups of staff who are involved in procuring and ordering goods and services:</p> <ul style="list-style-type: none"> • Requisitioners • Requisition approvers/budget holders • Staff who 'receipt' goods and services • Procurement services staff • Accounts payable staff

		<ul style="list-style-type: none">• Finance Staff
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Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	The policy is applicable to all staff.	None required	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	The policy is applicable to all staff. Whilst the contents of the policy does not have a negative impact on persons with a disability, as with all written control	Public Health Wales does have provision for the production of documents that are accessible to persons with disabilities. Large print, Braille or audio versions could be provided on request.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
medical conditions such as diabetes	<p>documents there may be a negative impact due to the format of the control document that is available. Documents are published on the intranet in pdf format.</p> <p>Visual impairment – not all accessibility software accepts pdf format and therefore an alternative format may be required.</p> <p><u>Learning disability</u> - The documents may also not be understood by those who have difficulty deciphering or reading the written word, for example, dyslexia. Therefore,</p>	<p>Members of the Finance Division are available to provide advice and assistance in applying the policy.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	further explanation and support may be required.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	The policy is applicable to all staff.	None required	
6.4 People who are married or who have a civil partner.	The policy is applicable to all staff.	None required	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	The policy is applicable to all staff.	None required	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	The policy is applicable to all staff.	None required	
6.7 People with a religion or belief or with no religion or belief.	The policy is applicable to all staff.	None required	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
The term 'religion' includes a religious or philosophical belief			
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	The policy is applicable to all staff.	None required	
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	The policy is applicable to all staff.	None required	
6.10 People according to where they live:	The policy is applicable to all staff.	None required	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities			
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	N/A	N/A	
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	Following approval, this policy will be translated into Welsh.	Following approval, this policy will be translated into Welsh.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	Both Welsh and English versions will be published at the same time.	Both Welsh and English versions will be published at the same time.	
Treating the Welsh language no less favourably than the English language	As above	As above	

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
None identified	N/A

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity 	The policy is an internal document	N/A		

<ul style="list-style-type: none"> • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	<p>intended to provide guidance to staff. Therefore, it does not have an impact on the health and wellbeing of the population or addressing inequalities in health.</p>			
<p>7.3 Social and community influences on health</p> <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	As above	As above		
<p>7.4 Mental Wellbeing</p> <ul style="list-style-type: none"> • Does this proposal support sense of control? 	As above	As above		

<ul style="list-style-type: none"> • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 				
<p>7.5 Living/ environmental conditions affecting health</p> <ul style="list-style-type: none"> • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 	As above	As above		
<p>7.6 Economic conditions affecting health</p> <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S 	As above	As above		
<p>7.7 Access and quality of services</p> <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services 	As above	As above		

<ul style="list-style-type: none"> • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel 				
<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	As above	As above		

Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>Key findings: Impacts/gaps/opportunities</p>	<p>Actions (what is needed and who needs to do) to address the identified mitigation and recommendations</p>	<p>Lead</p>		
<p>The contents of the policy has no disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religious belief or Welsh language.</p>				

<p>The policy is applicable to all members of staff equally and is designed to assist staff responsible for procuring, ordering, approving and receipting goods and services in the discharge of their responsibilities.</p> <p>The Impact Assessment has found that, by introducing the revised policy, there may be a negative impact on individuals due to:</p> <p>Persons with a disability as defined in the Equality Act 2010</p> <p>Whilst the contents of the policy does not have a negative impact on persons with a disability, as with all written control documents there may be a negative impact due to the format of the control document that is available. Documents are published on the intranet in pdf format.</p> <p>Visual impairment – not all accessibility software accepts pdf format and therefore an alternative format may be required.</p> <p><u>Learning disability</u> - The documents may also not be understood by those who have difficulty deciphering or reading the written word, for example, dyslexia. Therefore, further explanation and support may be required.</p>				
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Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).